

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED DNA	1. DATE OF INCIDENT 11-JUL-2014	TIME 23:45:00	2. ADDRESS OF OCCURRENCE 1533 S CHRISTIANA AVE CHICAGO, IL 60623	3. LOCATION CODE 304	4. BEAT/ODD/UN 1021			
	5. POSITION 9161	6. LAST NAME KAHN	7. FIRST NAME BRETT K	8. STAR NO. 17785	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE 702	12. HT. 193
SUBJECT INFORMATION	14. DATE OF APPT. 01-AUG-2012	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 010 1065C	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		
DNA	20. LAST NAME SIMMONS	21. FIRST NAME LISA	22. MALE D	23. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 04-APR-1971	26. HT. 506	27. WT. 170
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 1819 S ST LOUIS AVE CHICAGO, IL 60623	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
DNA	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]	34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized	36. CHARGES PLACED 8-4-030	37. CRIMINAL ID 18932820	38. DNA [REDACTED]	39. DNA [REDACTED]	
SUBJECT'S ACTIONS DNA	PASSIVE RESISTER <input checked="" type="checkbox"/> DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____	ACTIVE RESISTER <input type="checkbox"/> FLED <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____	ASSAULT/ASSAULT <input type="checkbox"/> IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____	ASSAULT/BATTERY <input type="checkbox"/> ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____	ASSAULT/WEIGHT FORCE <input type="checkbox"/> USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____			
MEMBER'S RESPONSE DNA	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> WAUTHORIZATION <input type="checkbox"/> OTHER _____	OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Skin) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____	ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____	KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40)	GUN/WEAPONS <input type="checkbox"/> OTHER _____			
WEAPON DISCHARGE INCIDENT DNA	40. OC/CHMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]	40. ADDITIONAL INFORMATION						
POSITION DNA	STAR NO. [REDACTED]	UNIT [REDACTED]						
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR				
45. TASER DART ID NO. [REDACTED]	46. WEAPON SERIAL NO. (Include Letters) [REDACTED]	47. CHICAGO GUN REG. NO. [REDACTED]	48. FIREARM OWNER ID. NO. [REDACTED]	49. HANDGUN/FAIRING/CASE NO. [REDACTED]				
50. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	51. PROPERTY INVENTORY NO. [REDACTED]	52. TYPE OF AMMUNITION USED [REDACTED]	53. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]	54. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]				
55. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER	56. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	57. NO. OF CARRIDGES/SHOT SHELLS RELOADED [REDACTED]	58. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	59. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				
60. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW	61. SPECIFY METHOD/EQUIPMENT USED TO RELOAD	62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 9 FT. <input type="checkbox"/> 02 10 - 19 FT. <input type="checkbox"/> 03 20 - 49 FT. <input type="checkbox"/> 04 OVER 50 FT.	63. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN	64. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)	65. DATE ISSUED 12-JUL-2014 03:41:32	66. DATE RECEIVED 12-JUL-2014 03:41:32		
INFO	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DFT. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.							
SIGNATURES	71. REPORTING MEMBER (Print Name) KAHN, BRETT K 12-JUL-2014 02:15:18	STAR/EMPLOYEE NO. 17785	SIGNATURE [REDACTED]					
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.							
	74. REVIEWING SUPERVISOR (Print Name) LARA, ILDEFONSO J	STAR NO. 1607	DATE ISSUED 12-JUL-2014 03:41:32	DATE RECEIVED 12-JUL-2014 03:41:32				

1419219612

HX341575

Log#1071830
Att#25

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STems FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

At 0040 Hrs in the 10th District Processing room #1 subject Simmons, Lisa agreed to answer questions after hearing her rights read. Subject stated she and her son had liquor on the street as the officers approached. She stated that she wanted to know what her son was going to be charged with so she respectfully approached his arresting officers. She furthered that there was a lot of people gathering as they were placed into custody. During her arrest she stated she pulled away from the officer and he pushed her onto a car as he gained control over her. No further questions were asked.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Simmons' account matched the officer report. She also stated that she accepts if she is being charged with drinking on the street, but did not beat anyone up. The resistance described by both officer and subject is consistent as is their recollection of the use of force methods completed by the officer. The level of force used complies with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED ON CURRENTLY AVAILABLE INFORMATION

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED _____

78. WATCH COMMANDER/OCIC (Print Name)

GILTMER, BETH A.

SIGNATURE

DATE COMPLETED

12-JUL-2014 04:08:21

TIME

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THIS TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS, WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:	<input type="checkbox"/> SUPPLEMENTARY REPORT	<input type="checkbox"/> I.O.D. REPORT	AS TOTAL TRRs THIS REPORT NO.
CASE REPORT	<input type="checkbox"/> OFFICER BATTERY REPORT	<input type="checkbox"/> BR INITIATION REPORT	4
ARREST REPORT	<input type="checkbox"/> TR REPORTS SUBJECT REPORTS FROM DEPARTMENT WITNESS(EPA)		